

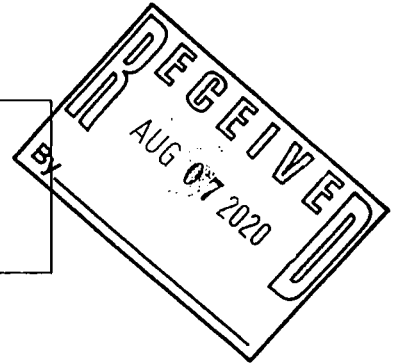
COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Aug 7, 2020 Case Number: 20-10



A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: **Dr. Angela Mexas**

Premise Name: **Desert Veterinary Medical Specialists**

Premise Address: 7823 W. Golden Lane

City: Peoria State: AZ Zip Code: 85345

Telephone: 480-635-1110 ext. 7

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Elena Noguero

Address:

City: State: Zip Code:

Home Telephone: Cell Telephone:

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. 41-1070. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

c. PATIENT INFORMATION (1):

Name: Thor Noguero

Domestic Shorthair Cat
Breed/Species: Domestic Shorthair Cat

Color: white, brown, gray, black Age: 6 Sex: male

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Benett 5715 W Utopia Rd, Glendale AZ 85308 Tel.-623-806-7387

Dr. Gonzalez 5715 W Utopia Rd, Glendale AZ 85308 Tel:623-806-738 Dr.

Lavin 5715 W Utopia Rd, Glendale AZ 85308 Tel:623-806-738

Dr. Maki 5715 W Utopia Rd, Glendale AZ 85308 Tel:623-806-738

Dr. Shaver 5715 W Utopia Rd, Glendale AZ 85308 Tel:623-806-738

Dr. Sender 5715 W Utopia Rd, Glendale AZ 85308 Tel:623-806-738

As well as many other Emergency Doctors at Midwestern University.

623-806-7387 / 623-806-7387

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

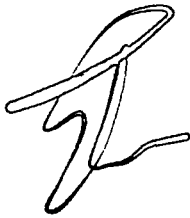
Rosalinda Garza 5715 W Utopia Rd, Glendale AZ 85308

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the

release of any and all medical records or information necessary to complete the investigation of this case.

Signature:

A handwritten signature in black ink, consisting of a stylized, cursive 'J' or 'L' shape with a long horizontal stroke extending to the left.

Date:08-06-20

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

Please see attached word document

Here is the complete, mostly complete, Doctor list, I do not have all the records yet so I am going off memory. Please note many of these doctors saw Thor before and/or after his surgery and may not know the results of the Second Catscan, which reveal the item in his chest was not removed and/or a 3mm round metal object in his chest was between his heart and his diaphragm was there or the additional problems after surgery, such as a broken xiphoid. They also may not know the results of the autopsy and the finding that the object in his chest between his heart and diaphragm was still there and not removed during surgery. They also may not know the object in the first cat scan was 2 mm, the second cat scan 3 mm and the necropsy report 4 mm. They did all treat Thor before and or after surgery between 03-16-2020 until 06-20-2020.

Midwestern University Companion Animal Clinic

Dr. Benett 5715 W utopia Rd, Glendale AZ 85308 Tel:623-806-7387

Dr. Gonzalez 5715 W Utopia Rd, Glendale AZ 85308 Tel:623-806-738

Dr. Lavin 5715 W Utopia Rd, Glendale AZ 85308 Tel:623-806-738

Dr. Maki 5715 W Utopia Rd, Glendale AZ 85308 Tel•.623-806-738

Dr. Shaver 5715 W Utopia Rd, Glendale AZ 85308 Tel:623-806-738

Dr. Sender 5715 W Utopia Rd, Glendale AZ 85308 Tel:623-806-738

As well as many other Emergency Doctors at Midwestern University companion animal clinic AKA Animal Health Institute.

VetMedAZ

Dr. Markovich 20610 N. Cave Creek Road Phoenix, AZ 85024 Tel: (623) 806-7387

Dr. Bondy 20610 N. Cave Creek Road Phoenix, AZ 85024 Tel: (623) 806-7387

Dr. Podmeyer 20610 N. Cave Creek Road Phoenix, AZ 85024 Tel: (623) 806-7387

Dr. Nash 20610 N. Cave Creek Road Phoenix, AZ 85024 Tel: (623) 806-7387

Dr. Helgeson 20610 N. Cave Creek Road Phoenix, AZ 85024 Tel: (623) 806-7387

Dr. Erney 20610 N. Cave Creek Road Phoenix, AZ 85024 Tel: (623) 806-7387

Dr. Miller 20610 N. Cave Creek Road Phoenix, AZ 85024 Tel: (623) 806-7387

Desert Valley Veterinary Specialists

Dr. Mexas 7823 W. Golden Lane Peoria, AZ 85345 Tel: 480-635-1110 ext. 7

Please see attached PDF complaint for Dr. Mexas

COMPLAINT

ANGELA M. MEXAS, DVM DACVIM

THOR'S HISTORY

This complaint is related to the recently filed complaint against Omar J. Gonzalez D.V.M., M.S., DACVS-SA. As the evidence will prove Dr. Angela M. Mexas of Desert Veterinary Medical Specialists, was complicit with Midwestern University and Dr. Omar J. Gonzalez, and possibly others, in hiding Dr. Gonzalez's botched surgery, and intentionally mistreated Thor causing him extreme suffering until his death on 07-01-2020.

Please refer to Thor's entire history in the complaint filed against Dr. Omar J. Gonzalez, as Dr. Mexas was aware of his entire history when I brought Thor in to see her for the first time on 06-04-2020.

After Thor's surgery on 04-20-2020, I tried to get Midwestern to do a second cat scan and for Thor to be seen by their internal medicine doctors to no avail. I went to VetMedAz where Dr. Bondy performed an ultrasound on 06-01-2020 (*Please refer to "06-01-2020 - VETMEDAZ - UNTRASOUND- DR BONDY"*). This ultrasound revealed there was still something in the same area of all the previous ultrasounds, x-rays and cat scan had revealed, around the diaphragm. Dr. Bondy was not sure what it was but agreed a cat scan would be able to determine what was there.

Please also refer to discharge instructions (*06-01-2020 - VETMEDAZ - DISCHARGE- FOUND MASS CAT SCAN NEXT- DR BONDY*) as the cat scan was to determine exactly what was around the diaphragm as he states:

"4) On abdominal ultrasound, I am able to see both sides of the diaphragm very well (which is because of the fluid in the chest cavity). I see what I think is the esophagus entering the stomach from the chest cavity with a small chance of this being a hernia."

Unfortunately, the cat scan could not be done at the same time and I ended up taking Thor to Desert Veterinary Medical Specialists as my primary veterinarian, Dr. Bennett had referred me to them.

On June 4th, 2020 I met with Dr. Mexas for the first time. It was prearranged via the telephone there was a cat scan to be done and the reasons why. All of Thor's records from Midwestern University as well as from VetMedAz had already been sent days before his appointment. **I also explained in detail in person that I was concerned that the tubular foreign body had not been removed or that a foreign object was left behind.**¹ This had been a concern since 05-02-2020 when Thor's condition had worsened after surgery (*Please refer to previous Midwestern emails about these concerns "EMAIL 05-02-2020 CONCERN ASKING FOR SECOND CAT SCAN" and "EMAIL 05-28-2020 CONCERN SURGEON LEFT INSIDE THOR"*)²

Dr. Mexas was very clear that I was willing to do everything I could to save Thor and tried to extract as much money from me as possible right from the first visit when she wanted to perform a bone marrow test, something I originally agreed to until I found out it was over \$1,000 in addition to the \$2324.00 for the cat scan. From how she explained it, she was wanting to do it only because it had not been done before, so it really had nothing to do with Thor's symptoms in any way. I was approaching my \$20,000 limit on my care credit and I could not waste money especially if he was going to need another surgery. I was charged \$2324.00 for the cat scan on this visit (*Please see" received 08-04-2020 Thor Noguero Invoice 6-4-2020"*).

Another more serious red flag that really upset me is that she **unilaterally and without my knowledge or permission gave Thor a Lasik shot** (*Is that even legal for her to do in a non-life or death situation?*). I am certain I looked like a deer in headlights when she told me she had done that, never in my lifetime has any veterinarian done something without my knowledge or permission. This was shocking and upsetting because had she asked me I would have declined since I had

¹ *Dr. Mexas was present during the entire cat scan and based on my experience with all other specialists she probably already knew there was a foreign body between his heart and diaphragm at this time. All other previous tests the doctors saw the abnormality immediately and told me even though the reports are not ready until the next day. Dr. Mexas said they did not see anything and had to wait for the report.*

² *It is crystal clear by my verbal communication with each and every doctor, as well as by my written communications, and as well as my actions of additional ultrasounds and cat scans, that I was very concerned Thor was worse because the surgery did not remove anything and/or left something behind.*

previously asked Dr. Bennett about diuretics she explained to me that in this case it would not be advisable and in fact could cause more harm.

Dr. Bennett explained in detail in these types of cases if you treat with a diuretic it can make the blood thick, like a sludge and then veins can collapse, and it can cause internal organ damage. I remember Doctor Bennett specifically giving me an example of trying to use a straw to drink something really thick and how the straw sticks to itself³

There was another red flag during my first visit. For example, after the cat scan was already done, and with Thor already coming out of his sedative, she ran into the room I was in, freaked out telling me he was full of fluid! I asked her why she did not remove it before the cat scan? and she blamed it on me that I did not tell her he was full of fluid.⁴

I then became **very concerned** the cat scan was going to be null and void and she became very annoyed with me when being questioned. I simply wanted to know if he needed to be tapped and the cat scan re-done. She tried to show me the cat scan and all I saw was fluid. She assured me the cat scan sees everything and his fluid would not interfere with the results in any way. She prescribed prednisolone and rutin.

On June 5th I called very concerned because I thought Thor was peeing himself everywhere because of the unauthorized Lasix shot. I spoke to one of the Technicians several times because Dr. Mexas does not work on Fridays. After several calls back and forth, which included the technician checking with Dr. Riensche, it was determined that he was not peeing but rather that he was leaking fluid from his leg, from the wound where he had the catheter during the cat scan. This continued for 3 days, I was in touch with their emergency animal clinic as well. *(Please also see "EMAIL 06-08-2020 THOR ISSUES AFTER 2ND CT SCAN").*

³ *I do not think it is any coincidence that suddenly Thor developed bruising all over where he had excess fluid, this was a new symptom that happened after his visit with Dr. Mexas and the unauthorized Lasik injection.*

⁴ *We had already discussed he might need to be tapped to do the cat scan. Additionally, she had all the reports, including all reports from Dr. Bondy on 06-01-2020. In fact, she kept me waiting in the office about 45 minutes because she was going over his history.*

On June 8th, 2020 I called and spoke to Dr. Riensche about Thor's cat scan results. I was very anxious to know the results, and Dr. Mexas was off until the next day (*she only works on Tues, Wed, and Thurs*). I discussed in detail my concern that Thor was not tapped and there was fluid in his chest and she assured me that the fluid does not interfere with the cat scan being able to see everything, in fact I recall her specifically saying there were no studies that said that was a problem.

I asked about the cat scan results and Dr. Riensche told me she had read the report briefly but did not see anything obvious, she went over the 9 findings listed on the bottom of the page and told me that Dr. Mexas would go over the results in detail the next day.

On June 8th, 2020 There are multiple emails and pictures, Thor's condition is worsening, and I am desperate to find out what is happening to him and why he is getting worse after surgery. *Please see "EMAIL 06-08-2020 THOR ISSUES AFTER 2ND CT SCAN" and "EMAIL 06-09-2020 CAT SCAN RESULT STILL HIDDEN FROM ME"*. On June 10th, 2020, Dr. Mexas is still hiding cat scan results as she responds:

Unfortunately as we have discussed several times, it is possible that we will never know the cause of Thor's disease. Please continue to monitor him as before and let us know if anything changes. It will likely take a few

On June 9th, 2020 I spoke to Dr. Mexas and we went over the results in detail on the phone. I asked if anything was found in his chest, like the tubular foreign object or anything else like something left behind during surgery. She said there was nothing found and told me we still had "no answers". I asked what was found in the area where the VetMedAz June 1st ultrasound saw something around the esophagus/diaphragm, **she said there was nothing there**. I was of course concerned that the fluid had somehow interfered with seeing what Dr. Bondy saw on June 1st, but she insisted if there was something there the cat scan would see it and that Dr. Bondy was not sure of what he saw anyway, basically insinuating he saw nothing.

She went over in detail about the 9 findings and the broken xiphoid. I explained that must have happened during surgery since it was not an issue in the first cat scan.

She immediately defended Dr. Gonzalez by repeating over and over again this was there before because it was a **chronic fracture** that had to be there for years *(surgery was on 04-20-2020)*. *(Please see "04-16-2020 -FIRST CAT SCAN-MIDWESTERN", the xiphoid process is specifically mentioned and not broken)*.

There is focal thickening of the pleura with heterogeneous enhancement in the ventral caudal aspect of the right hemithorax, adjacent to the xiphoid process, cranially to the diaphragm, ventromedially to the thoracic caudal vena cava and caudolaterally to the cardiac apex. Within the focal pleural thickening there is a tiny mineral tubular foreign body of 0.2 inches in diameter.

She told me since the cat scan did not show anything there was nothing that could be done except to try and treat him with medicine like the prednisolone and rutin and to keep doing what I was doing. *(Please refer emails during this time frame sent to her, midwestern and vetmedaz 06-05-2020 through 06-17-2020)*. I always kept all doctors in the loop at all three clinics and made sure all records were always being shared . I was also calling on the phone about all concerns and everything that was happening with Thor.

On June 17th, 2020 I took Thor in for his recheck. At this time, she wanted to charge me \$500 for another ultrasound, which I did not understand at all since he had had tons of ultrasounds and a cat scan less than 2 weeks before. I stated I would agree to a Tfast, which all the other clinics did for free or for \$60 at the most, she claimed they did not have a way to do a tfast! Because I would not agree to over \$1100.00 for just bloodwork and another ultrasound, they came back in with an offer of \$250 for the ultrasound which brought the price down to \$622.50 *(Please refer to received 08-04-2020 Thor Noguero Invoice 6-17-20)*.

I literally felt like I was in a used car lot and felt like all they wanted to do was extract as much money from me as possible without every giving me any answers. I mean what was this ultrasound going to tell us if the cat scan had no answers? In fact, when Dr. Mexas came back she said the ultrasound did not show anything in his chest and the only thing she told me was that she had "never seen lungs like his before", that they were "webbed".

I began to cry, which seemed to annoy her. She told me that everyone has tried to find the answers, but they just do not have any. I asked her different questions and she would answer without looking at me in the eyes, sometimes she would look down when answering me, and this made me very suspicious that she did not have Thor's best interest. I specifically remember telling her AGAIN that Dr. Bennett said

she was really good at “research” and asked her to research his case since clearly he cannot be the first cat in the history of the world to have this problem. I specifically remember she looked down and away when she answered stating she was doing everything she could.

She went as far as to tell me it’s not that we are hiding things or not wanting to tell you, we all have Thor’s best interest and want him to get well. Dr. Mexas even stated “**I love Thor**” and I want to do everything I can for him. I kept on asking how its possible none of the tests, cat scans or ultrasounds have any answers and how he is much worse off after surgery than before surgery.

At some point during my asking for answers or questioning how it’s possible the second cat scan can’t give answers for all these new symptoms he did not have before, after all the first cat scan showed a reason, it showed a foreign tubular object! I was again questioning the fact that the fluid had interfered with the cat scan and asked about doing it over. Around this time, she changed the subject and proceeded to tell me about his “kidney stones”, something I did not recall her ever mentioning before. Basically, she was trying to convince me that the cat scan did show everything, just nothing that would explain Thor’s problems.

I asked about the kidney stones and what I could do, and she said that it really did not mean anything and had nothing to do with his problem, I asked if I should feed him different food or how I could help him and she admonished me telling me I was in “DENIAL” about his disease.

She was very annoyed with me and I could hear her sighing and huffing and puffing through her mask and throughout this visit. She would suddenly leave the room without saying anything and come back a few minutes later. At one point she told me she had another client and had to leave; I was simply told to continue his medications and she left. I was stunned and very suspicious at this time since she had clearly brought up the kidney stones as a diversion. On my way out I stopped at the front desk and I had asked for Thor’s records, specifically his cat scan report and ultrasound report. I was told they would email them. Once home I immediately requested Thor’s records again.

On June 18th, 2020, the day after my second and final visit with Dr. Mexas, I found out she had been LYING to me from the beginning. Clear as day on the cat scan it

states on page 2 under the **“Thorax” there is a round metal attenuation seen...between the heart and the diaphragm”**⁵ and then lists separately under **“Abdomen”** another mineral fragment in his right kidney, **and a third abnormality under “Musculoskeletal”** **“there is an abnormality seen at the junction of the sternum pre and xiphoid with a small mineral fragment seen cranioventrally displaced from a local flattened area of the xiphoid series 21 image 42”**, please review findings on the 2nd cat scan report “06-04-2020 SECOND CAT SCAN REPORT- DR. MEXAS” versus the Necropsy report.⁶

I was astounded and disgusted and immediately called Dr. Mexas at 12:59 pm. In the middle of this call I decided to record the conversation as the bad faith was clear. **Dr. Mexas would not come to the phone**, instructing her technician to tell me she would call me back after she spoke to Dr. Gonzalez about the cat scan results *(again, proves collusion that she has to talk to him about a cat scan he had nothing to do with before discussing the findings with me)*.

Please review: “RECORDING 06-18-2020 - DR WON’T SPEAK TO ME UNTIL SHE SPEAKS TO DR GONZALEZ”

Starts at 2:33 - Technician states Dr. Mexas will not speak to me first, she wants to talk to Dr. Gonzalez first. The excuse given is that Dr. Mexas thinks the round metal thing is something that was left there after the surgery and it is supposed to be there, so she wants to check with Dr. Gonzalez first.

This is ludicrous because the reason for this second cat scan was to see if the tubular foreign body was still there, or if something was left behind during surgery,

⁵ *Why would the round metal attenuation between the heart and the diaphragm not be highlighted and listed as finding #1 in the report? The sole purpose of the surgery was to remove a foreign tubular object in that area, yet here something much more serious described as a round metal attenuation floating between the heart and the diaphragm of a patient that had his heart sac removed is not even listed as one of 9 findings? I find this very suspicious and intentionally done. It was clearly premeditated to keep this finding from me. Was the radiologist also in collusion with Dr. Mexas?*

⁶ *The fact the kidney stone is not mentioned on the last page of the report under the 9 findings but instead it is mentioned directly below the “round metal attenuation between the heart and the diaphragm” is absolute proof she knowingly lied about Thor’s cat scan, this is NOT mere negligence of not reading the full report, this is willful.*

and what was being seen by Dr. Bondy's ultrasound. Additionally, as I also mention during this call (recording at 4.04) I had specifically asked if anything was left behind during surgery. This was a concern I had been voicing and asking about since May

Elena <petjewelry1@gmail.com>
To: Dr Bannet Companion Animal Clinic <phonne@midwestern.edu>

Sat, May 2, 2020 at 11:56 AM

I'm also concerned about his surgery that he just had because Dr Gonzalez said that he never found any tubular object so I want to know if he didn't find it and it's still there or if it was misinterpreted in the CAT scan because it was solely because of that cat scan saying that there was a tubular foreign object that I decided to do the operation that I did instead of doing the other operation.
what do you recommend? Should I have another CAT scan done? To see if that is still there or if it was misinterpreted to begin with? Because I specifically recall both Dr Gonzalez in Dr. Lavin telling me that they didn't find any tubular object, any foreign object and I was immediately concerned because I didn't know if they just were not in the correct area and didn't see it or what happened. I want to know is the tubular object was taken out or if there was never a tubular object and whoever right the cats can read it wrong. I'm making life-and-death decisions on my boy based on the information that I'm being given and I need to know that the information is correct. Please help me what do you advise?

(Please see "EMAIL 05-02-2020 CONCERN ASKING FOR SECOND CAT SCAN" and "EMAIL 05-28-2020 CONCERN SURGEON LEFT INSIDE THOR")

I mean could something have been left behind inside him that would cause this or what would cause this?

Therefore the evidence overwhelmingly proves I was very concerned and suspected the tubular object was never removed and or something was left behind and this is why once Dr. Bondy's ultrasound showed something was there I wanted the cat scan done ASAP to see exactly what was there. Dr. Mexas not only had all of Thor's records but heard directly from me why I was wanting the cat scan done and what I suspected.

Still on 06-18-2020, over two hours later, at 2:55 pm Dr. Mexas finally calls me back. At this time, she lies claiming she did not know about the "round metal" finding. I confront her about the fact that this should be listed as finding #1 and instead it is omitted in the 9 findings on the bottom of the page and she claims it is because it is not that important. Interestingly on the recording on 06-25-2020 Dr. Gonzalez admitted the sole purpose of the surgery was to remove the foreign tubular object. He admitted and stated at **22:24 "this thing being that close to the heart it is concerning"**. Please see "RECORDING 06-25-2020 DR. GONZALEZ" at 22:24

Even after being caught Dr. Mexas still attempts to continue the cover up, first by refusing to come to the phone and calling Dr. Gonzalez instead and then by minimizing the findings she had been lying to me about since 06-04-2020.

Please review "RECORDING 06-18-2020 - DR MEXAS KEPT CAT SCAN RESULTS FROM ME"

At .20 Seconds Dr. Mexas states ***“so I understand your concern about that comment about the metal object in the chest ...and I, you know I did not notice that when I got the report back”***. Here Dr. Mexas is lying again and this is proven by the fact she spoke to me about Thor’s kidney stone which is ONLY listed directly BELOW the “round metal attenuation”

There is a round metal attenuation seen within the pleural fluid between the heart and diaphragm. This is surrounded by a mild amount of mildly enhancing amorphous tissue.

Abdomen: The fat of the retroperitoneal space is hyperattenuating to a lesser degree than the body wall (4 HU for the peritoneal and -50 HU for the retroperitoneal fat). The retroperitoneal fat is the most normal attenuating fat seen.

Within the right kidney there is a small mineral attenuation seen at the junction of the parenchyma pelvic fat.

Please see “06-04-2020 SECOND CAT SCAN REPORT- DR. MEXAS”

As you listen to the recording, she is talking about her conversation with Dr. Gonzalez and that he “confirmed” what is being described in the cat scan sounds like what he was trying to find in surgery but he was “unable to find it in surgery”. I objected since one is a round metal attenuation and the other is a “tiny mineral tubular foreign body of .2 inches in diameter”

vena cava and caudolaterally to the cardiac apex. Within the focal pleural thickening there is a tiny mineral tubular foreign body of 0.2 inches in diameter.

Please see “04-16-2020 -FIRST CAT SCAN-MIDWESTERN”

She continues to tell me to calm down because “we are all trying to do what’s best for Thor”, another lie proven by ALL events up to this point.

At 2:22 I clearly explain I am upset because both her and Dr. Riesche never told me about this round metal object and I have been asking them all specifically if something was left behind surgery.

At 3:30 Dr. Mexas states she did talk to the radiologist and claims “the significance of this is questionable”. She continues to downplay this as being insignificant when **an entire surgery was done solely to remove what they claim to be the same item** just described differently in each cat scan. In fact, Midwestern University and Dr. Gonzalez attributed the chylothorax to the “tiny mineral tubular foreign body of .2 inches in diameter” and this round metal attenuation, I later find out is even larger, 3mm.

At 4:54 Dr. Mexas states “to some degree the radiologist and me are interpreting that as possibly being irrelevant”.

At 9:08 Dr. Mexas says the radiologist said she did not mention it in the conclusions because it looked like an insignificant finding. Yet, the radiologist clearly knew Thor’s history shows he had a major surgery to remove a tubular foreign body in his chest as it was considered to be the cause of the chylothorax and inflammation. I also bring up the fact that Thor now has 40% of his heart sac missing and question how can a round metal floating object between his hear and his diaphragm be considered insignificant by the radiologist?

2. Foreign body of the caudomedial aspect of the right hemithorax of uncertain origin. This could be an incidental finding or explain the post traumatic origin of the chylothorax reported in the history.

Please see “04-16-2020 -FIRST CAT SCAN-MIDWESTERN”

At 11:31 Dr. Mexas contradicts herself as she states, “or we can go by the interpretation of the radiologist and the fact that nothing had been found there before and leave it alone”. This seems to be an admission that the “round metal attenuation” is NOT the “tiny tubular foreign body”.

At 11:50 I ask her about the ultrasound she did the day before, and she says they did not see anything. *(How is this possible when the cat scan shows a metal object and even the previous ultrasound two weeks before saw something)*

At 12:15 I request to be given the size of the round metal object. She ignores my request.

At 12:30 Dr. Mexas admits she was there with the radiologist yesterday and states they did not see anything, nothing that looked like metal or bone density. ⁷,

After her conversation with Dr. Gonzalez it is clear they decided to change the round metal attenuation to the mineral tubular body and minimize its consequences. Suddenly, according to Dr. Mexas, this disastrous surgery is not what is causing Thor any problems; and his deterioration is also unrelated to “an

⁷ From this admission we can deduce that when she was with the first radiologist during the cat scan, they did see the round metal object on 06-04-2020, four days before the “official” report on 06-08-2020. When I asked her on that day, she told me they did not see anything, and I had to wait for the report.

admission" that nothing was taken out during surgery; and broken bones during surgery or anything being left behind during surgery, are all also unrelated to Thor's worsening condition, instead it's some unknown and unidentified phantom disease. Please listen to the entire recording it is only 14 minutes and 42 seconds.

At 14:00 I ask for the size of the item again and this time she responds with **"it wasn't measured"** I specifically request that this round metal object be measured and that I want to know the size. *(How incompetent and corrupt are they? How is it possible that a round metal object floating between the heart and the diaphragm on a patient with Thor's history, and with a missing heart sac that exposes his heart, and this is not even measured? I have to request this? I was charged over \$2300 for this cat scan better described as cat scam).*

After this entire conversation focused on the "round metal" object between his heart and his diaphragm and my request to have it measured here is the response I got back from Dr. Mexas.

Please see "EMAIL 06-18-2020 SIZE OF METAL SHE REFERS TO MINERALIZED OPACITY"

Desert Veterinary Medical Specialists <internalmed@dvmspecialists.com>
to me ▾

Thu, Jun 18, 4:02 PM

Hello

I spoke with the radiologist again.

The dimensions of the mineralized opacity noted on CT are as follows.

width= 0.3mm

height= 0.2mm

length= 0.3mm

It is very small and its significance is unknown

Best always.

Dr. Mexas

Is she even talking about the same item? At no time during the entire conversation were the words "mineralized opacity" discussed and that is not what the Cat Scan says. This is another clear example of the bath faith and corruption, and she is trying to create a false written record. I responded requesting the size of the round metal object we discussed throughout the entire conversation and is listed on the cat scan, she never responded to my email.

Elena [REDACTED]
To: Desert Veterinary Medical Specialists <internalmed@dvmspecialists.com>

Thu, Jun 18, 2020 at 4:14 PM

Dr. Mexas,
As discussed at length on the telephone, I am interested in the dimensions of the "round metal" object ~~between the heart and the diaphragm~~, as noted on the CT Scan report. I also want a CD of his CT Scan images etc. Just like the CD I received from his CT scan at Midwestern.
Thank you
Elena

Please see "EMAIL 06-18-2020 RESPONSE THAT I AM REQUESTING SIZE OF ROUND METAL OBJECT

Dr. Mexas's actions before and after clearly prove she knew all along about the finding of the "round metal attenuation" and intentionally hid this finding from me and even after being confronted, she continued to act in bad faith refusing to talk to me until she got her story together with Dr. Gonzalez where they decided what to tell me. From that moment on she minimized this finding, calling it "insignificant" and sent the written email above where she clearly and intentionally misrepresented what is being measured. Additionally, I have no idea of those measurements are even truthful.

In the recording Dr. Mexas states that after talking to Dr. Gonzalez, that she knows he is willing to do whatever he can to correct the surgery. That they all have Thor's best interest. However, Dr. Gonzalez never contacted me after he was personally informed of Thor's condition once again on 06-18-2020. I had to call and send two separate emails to Dr. Gonzalez before he finally called me, 8 days later, on 06-25-2020. Thor died 5 days after Dr. Gonzalez finally returned my calls.

As of 06-18-2020, I now knew without any doubt that I could not trust Dr. Mexas, Desert Veterinary Medical Specialists, Dr. Gonzalez, or Midwestern University. I immediately started searching online and calling surgeons everywhere. I emailed Thor's records to everyone. **I was searching day and night and desperate to have whatever was in his chest removed.** *(unfortunately, less than 12 days later my Thor would die)*

Care Surgery Center was one of the many places I contacted and after reviewing what I had of Thor's records, they told me first they needed the recommendation from an Internal Medicine doctor to make sure he was healthy enough for surgery. I was referred to Dr. Janet K. Bailey, DVM, DACVIM at VetMedAz by one of the surgeons and I called and made the appointment. Unfortunately, she could not see Thor until July 2nd and no other Internal Medicine Doctor was available before.

I made the appointment and told them to call me if anyone cancelled and I would go early. I called every day trying to get Thor in before July 2nd, the best they could do was schedule me for a phone consultation with Dr. Bondy on June 25th, so I made that appointment as well. Dr. Bondy had all the records from Dr. Mexas and gave me little hope as Thor's condition had deteriorated so much.

I still had hope and kept my appointment with Dr. Bailey for the following week, unfortunately my baby boy died the day before his appointment. As I already described in my complaint against Dr. Gonzalez, it was a horrible death he had after so much suffering, I wish he would have died in his sleep peacefully instead I had to witness his horrible death and the horrible sounds, I will never be able to get those horrible images and sounds out of my head.

I am devastated and heartbroken, and disgusted that at least two Veterinary "Specialists" would intentionally inflict so much pain and suffering on an innocent being. There is no doubt this was intentional, those results were kept from me in an attempt to get away with all their wrongdoing, including a botched surgery that failed miserably to accomplish what it was supposed to, but that additionally left Thor much worse off, with 3mm foreign objects left in his chest and a broken xiphoid. Dr. Mexas and Dr. Gonzales actions were to protect their reputations at all costs, and cover up monumental failures, negligence, and incompetence.

How many other times have they done this? The evidence proves that Dr. Mexas, Desert Valley Veterinary Specialists, was in collusion with at least one Doctor at Midwestern University, Dr. Gonzalez.

Dr. Mexas worked extremely hard at keeping the truth from me, even the Cat Scan report was engineered in a way to keep the most crucial, relevant and significant finding buried within the document. We know Dr. Mexas was present during his cat scan and it is likely the "round metal attenuation between his chest and his diaphragm" was already detected DURING the cat scan; it certainly was the most important finding responsible for Thor's condition and yet they did not bother to measure it. How outrageous is this?

A round metal object floating between a heart without a heart sac, and the diaphragm of a patient with Thor's history and it is not listed in the conclusions or MEASURED. A 3mm object inside the chest of a cat is most certainly very

concerning, cats are small mammals and 3mm floating between an unprotected heart and the diaphragm was the most significant finding.

Dr. Gonzalez's own records and telephonic admission, states the sole purpose for Thor's surgery was to remove a 2mm tubular foreign body and **"this thing being that close to the heart it is concerning"** (please refer Dr. Gonzalez notes "INTERNAL DOCUMENT- 04-20-2020 DR. GONZALEZ" and to his recordings "RECORDING 06-25-2020 DR. GONZALEZ"). Yet Dr. Mexas, during her telephone conversation with me, lies stating she did not notice that finding. This is another false statement proven conclusively and repeatedly by the evidence and her actions before and after.

First the most important and significant finding is NOT included in the 9 items listed in the "Conclusions", then under conclusion #2 it states "No cause of this is seen", then she tells me about Thor's "kidney stone" which is only disclosed immediately below the "round metal attenuation" and also not included in any of the conclusions, **so she could have only seen that kidney stone by reading the report.**

There is a round metal attenuation seen within the pleural fluid between the heart and diaphragm. This is surrounded by a mild amount of mildly enhancing amorphous tissue.

Abdomen: The fat of the retroperitoneal space is hyperattenuating to a lesser degree than the body wall (4 HU for the peritoneal and -50 HU for the retroperitoneal fat). The retroperitoneal fat is the most normal attenuating fat seen. Within the right kidney there is a small mineral attenuation seen at the junction of the parenchyma pelvic fat

Lastly by the fact that she refused to talk to me on the phone when I called about what I saw in the cat scan report, instead she had to first talk to Dr. Gonzalez. Dr. Mexas used to work at Midwestern, I have no idea what her relationship is with Dr. Gonzalez or his family but what I do know is that she went through extraordinary lengths to hide Dr. Gonzalez's botched surgery.

Dr. Mexas's wrongdoing does not stop there. She also watched Thor suffer, had me shove medication down his throat 5 times per day and extracted as much money as possible with additional unnecessary bloodwork and ultrasounds. All the while hiding results, lying, and pretending, she did not know what was causing his problems. If her behavior is not illegal, it should be because I only see her actions as criminal. Dr. Mexas had no interest in helping Thor in any way, on the contrary she helped seal his fate and maximized his suffering and ultimate death.

Please take Dr. Mexas's license away as soon as possible so she can never do this again to anyone else, people never get caught the first time they do something. How many other times has she done this since 1999? How many more times will she do this if you do not stop her?

I also request a full refund of all moneys I was charged as well as an additional \$297 dollars I was forced to pay to two compounding pharmacies for Thor's daily torture with medicines, and it was unnecessary torture he suffered through, there was never any chance rutin or prednisolone was going to cure him while he had foreign bodies between his heart and diaphragm.

Please do not allow Dr. Mexas or Dr. Gonzalez to ever do this to another living being. Additionally, since both Doctors worked at Midwestern, it appears that this is their Modus Operandi, as is also evidenced by other erroneous and incomplete records at Midwestern University, which I pointed out in Dr. Gonzalez's complaint. Therefore, it makes it even more important to stop this kind of behavior and send a clear message, especially to a University that is training and teaching future veterinarians.

Who knows how long they have been getting away with this kind of corruption and collusion, most people do not have as many tests, x-rays, ultrasounds, cat scans etc. done so most people would never know. In fact, I almost never knew! Only after getting my hands on that second cat scan report did I find out the truth.

Please look at every single email. Please pay close attention to all emails and visits from 06-04-2020 through 06-18-2020. Every single phone call, every single email, every single visit gave Dr. Mexas dozens of opportunities of making a different choice and helping save Thor. Dr. Mexas was not only seeing Thor in person, she was receiving calls from me and well as emails, pictures, and videos. *(please see attached pictures and videos emailed to her)*⁸

At any given time from 06-04-2020 through 06-18-2020, she could have come clean and told me what was found in his chest! She could have "pretended" she had missed it on the report. Instead again and again, time after time, call after call,

⁸ Please look at all the emails, you will also see that just like Midwestern I had to constantly call and email to get Thor's records up until 08-04-2020. Meanwhile VetMedAz sent me all his records immediately.

email after email, picture after picture, video after video and despite witnessing Thor getting worse and worse, Dr. Mexas chose to hide the cat scan findings and what was hurting him.

Dr. Mexas also chose again and again to intentionally misdiagnose and mistreat Thor with medications she knew would not work and in fact could cause additional damage, such as steroids can. Dr. Mexas and Dr. Gonzalez had to know by the time the second cat scan was done on 06-04-2020, that unless they immediately took action to correct the botched surgery, Thor could only suffer immensely and die. What would happen if a Doctor Did this to a human patient? They would likely be charged with manslaughter or murder and certainly lose their license.

What kinds of Veterinarians are these? One that hides and refuses to return calls, refuses to follow up, refuses to see the patient ever again after he operated on him and botched the surgery and another “Veterinarian” that hides test results, lies about results and intentionally misdiagnoses and mistreats an innocent being?

I remember I was so happy and hopeful on 06-04-2020 when I arrived for the first time at Desert Veterinary Medical Specialists. For the first time since March 17th I was allowed inside the building instead of waiting outside in a hot car for hours. I was allowed in an air-conditioned room with Thor and he did not have to be alone with yet another stranger for more tests.

Thor was so happy I was there with him. I had been told that Dr. Mexas was really good at research so I thought she would really be able to help Thor. I remember being in room 14 waiting for Dr. Mexas for the first time and being so sure and confident and feeling like we were being treated like royalty simply because we were allowed inside. I was so certain I was finally at the right place and Thor would finally be healed.

I will never forgive myself for making such wrong decisions and allowing the wrong people to (mis) treat Thor. Maybe if they would not have had masks hiding half of their faces, I would have seen they were not to be trusted sooner. The only good that can come out of this now is that Dr. Mexas and Dr. Gonzalez are stopped from ever being able to do this to another innocent being.

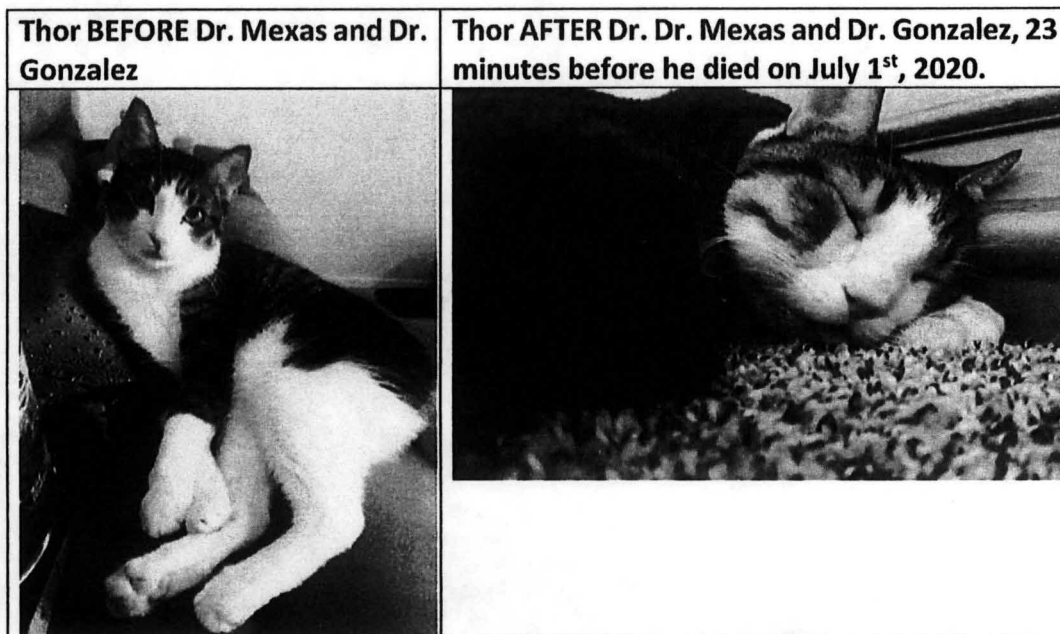
I took Thor to the top three clinics in the state of Arizona. Desert Veterinary Medical Specialists, Midwestern University and VetMedAz are where all the specialists are

at and people travel more than 2 hours to go to these places. I spent over \$18,000 to save my beautiful baby boy and instead of being well taken care of Thor got a botched surgery and a cover up, complete corruption. It will be difficult to ever trust another veterinarian again.

Please punish in any and all ways you can these "veterinarians" for everything they did that resulted in Thor's suffering and death, they were both in a position to help save a wonderful, young, 6 year old sweet angel and instead chose to contribute to his misery and his death.

Thor was my Son. I bottle fed him since he was a baby. I miss him more than words can describe; my heart literally aches every moment thinking about what these "Doctors" did to him. What I witnessed Thor go through is the worst nightmare I have ever lived, and I would not wish what Thor went through on my worst enemy.

Unfortunately, in Arizona Animals are still considered property, but that is going to change. After these complaints are filed with your agency, we are contacting our congress men and women, state representatives and will be working hard to change the laws in Arizona. There are people just as outraged as me and they are helping me write Thor's Law. Anyone that loves animals knows animals are not property, they are family.



Baby Thor



Please also investigate the Radiologists that prepared the cat scan, Sarah Nemanic, DMV, MS, PHD, Diplomate ACVR, and the ultrasound, Janelle Sharpley DVM, MS, DACVR. There appears to be intentional misrepresentations on both reports of several proven facts, above and beyond the burying of findings and not measuring a round metal object in Thor's chest. For example, the cat scan report also states under Conclusions #2 "No cause of this is seen" (*complete contradiction with round metal attenuation on that same page*) and the ultrasound report states under history "no obstruction seen", all in direct conflict with every cat scan, x-ray and ultrasound before. These reports seem point to collusion between the Radiologists and Dr. Mexas, who was present for both tests. Did Dr. Mexas request alterations to the reports?

Thanking you in advance for your attention to this matter,



Elena Noguero

21-10

9/29/2020

Dear members of the Board,

Received
10/5/20

Please accept this letter and the accompanying medical record in my defense against allegations made against me in the complaint filed as 21-10, In Re: Angela Mexas, DVM. I would like to start by admitting that I share a large amount of grief and frustration with Ms. Noguero as we cared for Thor during the last weeks of his life. While I can only imagine her grief as his owner and primary caregiver, I shared with her the grief of not having been able to serve Thor a less painful course of disease or a humane euthanasia in his time of illness and ultimate death. I trust you will find in review of this record that I was never complicit with Midwestern University or any of its wrongfully accused doctors, nor intentionally mistreated Thor during the course of my relationship with Thor and Ms. Noguero.

Thor was presented to our internal medicine service on 6/4/2020 for further evaluation of persistent chylothorax and progressive full body edema. At the time of his presentation Ms. Noguero clearly stated that she was requesting a full body CT of Thor to find the underlying cause of his progressive disease. I explained immediately that his condition was severe and rare and that while I did not think the CT would clearly show an underlying cause for his systemic disease, I would do anything I could to help Thor. During the course of hospitalization, Thor's facial edema had gotten progressively worse and I gave one dose of Lasix at extubation to try to prevent possible airway obstruction during his recovery. Following his CT, while the report was pending, we discussed preliminary findings including a large amount of pleural effusion and a very unique pattern of lung damage and probable fibrosis that in my opinion posed a very poor prognosis. Thoracocentesis was recommended and declined after a very long and frustrating conversation that is admittedly not captured in the medical record. During the course of this and other conversations, we discussed several possible courses of action including thoracocentesis for temporary relief of his pleural effusion and possible referral to a second surgery for further exploration of an underlying cause. Every attempt to delineate a diagnostic plan beyond the CT findings was met with financial concerns and accusations that I was trying to spend her money unnecessarily. When I agreed that the efforts would likely be futile, given his poor prognosis and advanced disease state, I was accused of not trying to help him at all and not giving her sufficient answers. I understood her grief through it all and wished I had more definitive answers regarding the cause of Thor's disease along with more promising treatment options, but I didn't. I tried to offer compassionate transparency and explain that she had likely already done what she could do to find a cause for his disease prior to his presentation to my office. She was focused solely on finding a "fixable problem" no matter how much I tried to explain that based on previous surgery and biopsy findings this was likely an irreversible and advanced condition.

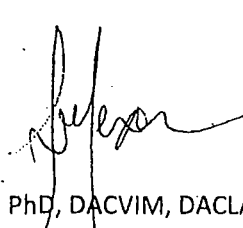
It was at her request that I first contacted Dr. Gonzalez to discuss Thor's case. She also requested that I contact her nutritionist and was convinced that diet changes would likely make a difference in Thor's outcome, asking over and over what food she should be giving him to reverse this condition. I first called Dr. Gonzalez before receiving our CT report to discuss his findings at surgery and to clarify several aspects of his surgery that had been misinterpreted by Ms. Noguero. Specifically, I asked if the surgery he recommended was actually performed and he explained that she declined the surgery he

recommended and agreed to only a hemithorax exploratory surgery to look for a cause of Thor's chylothorax. After receiving the second CT report (ours), I first contacted Ms. Noguero and listed to her over the phone the 9 conclusive findings working to interpret the significance of each as we went through them all. She asked for a copy of the report which was subsequently sent to her by our staff. At that time, she thanked me for working with her other Drs. In order to help Thor as much as possible and stated she was thankful for my services and our combined efforts on Thor's behalf.

When I first read the CT report provided by PetRays, I noticed the comment of a round metal attenuation seen within the pleural fluid between the heart and diaphragm. My first impression was that it may have represented a hemoclip or other artifact left as a result of previous surgery. I did not however, want to assume this to be the case, especially because hemoclips or other metal surgery devices were not mentioned in the previous surgical report. Before I could contact Dr. Gonzalez again to clarify this issue, Ms. Noguero was calling to demand an explanation for this finding. I did not at first, have the information I needed to discuss the significance of this finding with her but I explained that I would be using several resources to try to get her the best explanation possible. I then consulted our radiology resident, Dr. Naugler, our board-certified radiologist Dr. Roth, the radiologist who read the CT report, Dr. Nemanic, and Dr. Gonzalez to discuss the possible significance of the metal object in question. All of us, agreed that the object in question was unlikely to be the cause of, or be playing a significant role in Thor's overall condition. I tried to relay this information to Ms. Noguero over the phone and again at her next visit on 6/17/2020, apparently to no avail. Thor's condition continued to decline until he passed away on 7/1/2020. A copy of his necropsy report is included in Midwestern University's records. Ms. Noguero contacted us the day after he died and still wanted my advice about his illness at that time. We discussed his passing and his course of illness again and she thanked me for my time. I was relieved to hear that she had taken the body back to Midwestern University for a necropsy. She asked me to stay in touch with her after receiving the results of the necropsy and she sent me the necropsy results when they were finalized. I never heard or perceived from her that she didn't want me to consult with other doctors regarding Thor's care.

I trust you will find no evidence of neglect or misconduct in the medical care provided by me and my team in the care of Thor Noguero although I grieve with Ms. Noguero in his passing and in our limitations to provide sufficient medical knowledge regarding the underlying cause of his condition and our failure to successfully reverse his symptoms. I hope this letter and the medical record attached provide sufficient information for your continued investigation but would be happy to present additional testimonials upon request.

Respectfully yours,



Angela Mexas, DVM, PhD, DACVIM, DACLAM



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Cameron Dow, DVM
Brian Sidaway, DVM - **Absent**

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 21-10
Complainant(s): Elena Norguero
Respondent(s): Angela Mexas, DVM (License: 3659)

SUMMARY:

Complaint Received at Board Office: 8/7/20
Committee Discussion: 12/1/20
Board IIR: 1/20/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On April 20, 2020, "Thor," a 6-year-old male domestic short hair cat was presented to Dr. Gonzalez-Cintrón for surgery due to chronic chylothorax. A CT scan had identified a mineral foreign body and it could not be determined if the foreign body was an incidental finding or associated with the development of chylothorax.

On May 1, 2020, thoracic duct ligations surgery was recommended due to the cat continuing to have fluid build-up and respiratory difficulties. Additionally the cat was exhibiting peripheral limb and ventral thorax edema. The cat was started on steroids.

On June 4, 2020, the cat was presented to Dr. Mexas for a repeat CT scan. The radiologist referred to a round metal attenuation between the heart and diaphragm. The cat continued to decline.

On July 1, 2020, the cat passed away. A necropsy was performed – there was no metal object found in the cat's chest but rather a mineralized object.

Complainant was noticed and appeared telephonically.
Respondent was noticed and appeared telephonically.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Elena Norguero*
- Respondent(s) narrative/medical record: *Angela Mexas, DVM*
- Consulting Veterinarian(s) narrative/medical records: *VETMED*

PROPOSED 'FINDINGS of FACT':

1. In 2018, the cat began to cough infrequently. Complainant was advised of the most common reason for coughing and that if the cough began more frequent, the cat should be seen.
2. On January 24, 2019, the cat was seen by Dr. Gonzalez-Cintron's associate, Dr. Bennet, with concerns of a worsening cough. Radiographs were performed and revealed a diffuse bronchial pattern in the lungs. The findings were consistent with the presence of an effusion and partial atelectasis, among others. A thoracic ultrasound was recommended to evaluate the cranial thorax for the presence of a mass and if pleural effusion is confirmed, obtain a sample. Dr. Bennett advised Complainant that there was a small amount of fluid in the cat's chest and recommended a chest tap to evaluate the fluid to help determine its cause. The radiologist also noted a widening of the mediastinum, so there was a concern about a mass or enlarged lymph node. Complainant declined the ultrasound and chest tap.
3. According to Complainat, an ultrasound was performed and she was told there was an exceedingly about of fluid in the cat's chest. She was told it was too small amount to remove and would likely reabsorb.
4. February 5, 2019, there is a document with communications from Dr. Bennett, which states that she spoke with Dr. Paige about his ultrasound findings. The cat's heart looks great and they could rule out heart disease as a contributing factor for fluid in the chest. Dr. Paige did say that the fluid volume was so small that he could not safely get a sample.
5. The continued to have a dry cough.
6. On February 13, 2020, Complainant reported that the cat fell from her hands and landed on his back. The cat appeared fine and did not need to be seen.
7. On March 16, 2020, Complainant reported the cat an increased respiratory rate and noticed his tongue was blue. She took the cat to 1st Pet Veterinary Centers where he had a thoracentesis (190mLs of chylous appearing fluid removed from right side and 12 mLs of chylous from left) and stayed overnight. The cat was then sent to VETMED for further diagnostics.
8. On March 17, 2020, blood work and thoracic ultrasound was performed at VETMED – neither revealed the cause of the cat's chylous appearing pleural effusion. Fluid analysis and cytology and Valley Fever were pending.
9. On March 25, 2020, the cat was presented to VETMED for an echocardiogram. There was no evidence to suggest that the pleural effusion was cardiogenic. The cat's tentative diagnosis was chylothorax since the fluid samples from 1st Pet were misplaced.

10. On March 28, 2020, the cat was presented to VETMED in acute respiratory distress. The cat was currently on Rucin and a low fat diet. The cat was evaluated; Complainant was advised that there was a large amount of fluid in his chest that needs to be drained. Surgery consultation was recommended as this was something that would recur. Complainant was not interested in pursuing thoracic duct ligation and pericardectomy at that time. A tFAST revealed moderate fluid in the left hemithorax with smaller volume on the right hemithorax. Fibrin strands noted throughout. No pericardial effusion noted. The cat was sedated for thoracocentesis; a total of 260mLs of turbid milky fluid was obtained (L side: 200;R side: 60)

11. On April 3, 2020, the cat was presented to Dr. Starks for increased respiratory rate. A fast scan revealed moderate to severe diffuse pleural effusion; a chest tap was performed (201mLs fluid removed) and the cat's respirations returned to normal. Dr. Sparks advised Complainant of the severity of the cat's disease and the risk of thoracocentesis, including the pleural space filling with fluid and the possibility of respiratory and cardiac arrest. Complainant did not want to discuss the negative possibilities.

12. On April 10, 2020, the cat was presented to Dr. McArdell due to respiratory distress. Another chest tap was performed and 288mLs of fluid was removed. Since medical therapy was not working, surgery was recommended and a CT scan should be considered. Dr. McArdell relayed that the cat was at risk of acute death due to the severity of the disease and the fluid returning in large amounts. The chest taps will become less successful over time. Complainant commented that she wanted the cat to be healed and felt that Dr. McArdell had a negative attitude.

13. On April 16, 2020, Dr. Bennett evaluated the cat and recommended a CT scan to rule out the possibility of a mass or other cause of chylous effusion. The cat's chest was tapped and a CT scan was performed and sent to a radiologist for review.

14. The following day, Complainant was advised of the results of the CT scan - pleural effusion, pleural thickening and a tiny mineral tubular foreign body. It could not be determined if the foreign body was an incidental finding or associated with the development of chylothorax. An exploratory thoracotomy was recommended as the next step. Dr. Gonzalez-Cintron was made aware of the cat and his emergent condition. He agreed to evaluate the cat on April 20, 2020.

15. On April 19, 2020, the cat was presented to VETMED for increased respiratory rate. Complainant advised that the cat would be having a surgical consult the following day. A palliative thoracocentesis was recommended and approved – 195mLs of turbid/milky fluid was removed.

16. On April 20, 2020, Dr. Gonzalez-Cintron evaluated the cat and noted the increased respiratory rate and effort. He met with Complainant and the discussion was focused around the presence of a mineral foreign body of unknown origin on a previously performed CT scan on 4/16/20 and the presence of chronic chylous effusion, which was the other most likely and common differential diagnosis of idiopathic chylothorax in cats.

17. Dr. Gonzalez-Cintron discussed with Complainant that the cause of chylous effusion in cats is more commonly idiopathic. However, the presence of a foreign body could certainly be the

cause if the foreign material damages the thoracic duct in any way, although this could also be an incidental finding as described on the radiology report. Dr. Gonzalez-Cintron discussed in detail and at length the etiology of chylothorax, anatomy of the lymphatic system and how chylothorax normally develops if the thoracic duct is damaged. He also discussed the four procedures performed in cats to hopefully eliminate the chylous effusion including – thoracic duct ligation, pericardectomy, cysterna chyli ablation and omentalization of the thoracic cavity. Lastly, they discussed the procedure to identify the thoracic duct which involves catheterizing the lymphatic system through an abdominal lymph node and injecting a dye, methylene blue, as the thoracic duct is very small and difficult to visualize.

18. Dr. Gonzalez-Cintron discuss the major concerns with Dr. Gonzalez-Cintron with respect to surgeries. The foreign material is on the right side of the thorax, and the thoracic duct ligation is performed on the left side. Multiple incisions would be required to perform both procedures at the same surgical intervention. This would include surgery time and morbidity associated with the procedure and prolonged recovery. Dr. Gonzalez-Cintron stated that methylene blue was unavailable due to a shortage and the foreign body was very small and may prove very difficult to find especially due to chronicity of the disease.

19. Dr. Gonzalez-Cintron further discussed a step-wise approach – attempt to remove the foreign body, remove as much of the scar tissue as possible and perform a pericardectomy to release the pressure to the lymphatic system in hopes for the thoracic duct to recanalize to see if this would resolve the chylous effusion. If a second surgery is required because the effusion does not decrease in a few weeks, a thoracic duct ligation, which is the main treatment for idiopathic/damaged thoracic duct. Complainant was hesitant and unsure about the pericardectomy however she willingly agreed to move forward with the procedure after further discussion with Dr. Gonzalez-Cintron.

20. Dr. Gonzalez-Cintron performed the surgery, no students were present; Dr. Szabo and Dr. Lavin were scrubbed in to assist. Upon opening the chest there was a significant amount of scar tissue covering the entire caudal aspect of the right hemithorax, the lungs were covered in a thick band of scar tissue and its expansion was very limited, a common sequelae in very chronic cases of chylous effusion consistent with the cat's year long duration of progressive and chronic clinical signs. Dr. Gonzalez-Cintron carefully opened many of the bands present in his field of view and opened multiple pockets of chylous effusion. During dissection Responden found a small area of discolored tissue that measured approximately 2 – 3 mm in length, the tissue was preserved in formalin and submitted for histopathology. No other foreign material was identified. The mediastinum was also opened through the same surgical incision and a small portion of the left caudal lung was visualized which contained yellow plaques on its surface – its expansion was adequate. Dr. Gonzalez-Cintron also attempted to access the pericardium and was able to dissect the scar tissue surrounding the heart and perform a subtotal pericardectomy. The thorax was lavaged and a chest tube was placed.

21. After the surgery, Dr. Gonzalez-Cintron discussed his findings with Complainant; Complainant asked about the resolution of the disease with the procedure making Dr. Gonzalez-Cintron question Complainant's understanding of the severity of the cat's condition. Dr. Gonzalez-Cintron again explained the prognosis and the other approaches for possible surgery in the future. The cat was transferred to VETMED for post-surgical monitoring.

22. Complainant stated that she asked if Dr. Gonzalez-Cintron if he was able to retrieve the foreign object – Dr. Gonzalez-Cintron could not answer and thought it may have dissolved while he was removing it. He further stated that he took a sample of a darker area in the cat's chest, around the same place the CT scan showed the tubular object. According to Complainant, Dr. Gonzalez-Cintron stated he would be calling VETMED and her twice a day to check on the status of the cat.

23. The following day, due to personal circumstances, Dr. Gonzalez-Cintron had to take personal leave for a few days. He did attempt to call VETMED to get an update on the cat but the doctors were rounding at the time and were unavailable.

24. On April 24, 2020, Dr. Gonzalez-Cintron spoke with VETMED. They felt the fluid was not decreasing and the cat would need thoracic duct ligation. They discussed removing the chest tube as it has the potential to create more effusion. Complainant did not want VETMED to remove the tube when it was suggested. Dr. Gonzalez-Cintron spoke with Complainant, confirmed the cat was still producing a significant amount of fluid and VETMED recommended surgery but VETMED could not perform the surgery for a few weeks. Dr. Gonzalez-Cintron recommended following up with Midwestern for possible surgery. The tube was removed and the cat was discharged.

25. On April 27, 2020, the cat was presented to Dr. Gonzalez-Cintron's associate, Dr. Maki, for evaluation and possible surgery. Complainant had been unable to give the cat his pain medication. Based on Dr. Maki's evaluation, surgery was not indicated and the effusion appeared less.

26. On April 28, 2020, the cat was presented to Dr. Turner due to Complainant being concerned about the cat's respiratory changes fluctuating. Dr. Turner advised Complainant that there was a mild increased amount of fluid, they could tap the fluid but the cat was not overtly clinical at the time and the more they tap the cat, the more risk of infection there is.

27. On April 30, 2020, Dr. Sender evaluated the cat due to respiratory difficulties. Dr. Sender performed a chest tap and removed a total of 261 mLs. There were also concerns that the cat had fluid subcutaneously on the ventral part of his chest. It was suspected that this was secondary to mild fluid accumulation from the chest tube previously placed. Dr. Sender advised Complainant that surgery for thoracic duct ligation was indicated pending fluid analysis.

28. On May 1, 2020, Dr. Sender advised Complainant that the fluid analysis was consistent with Chylous effusion with an inflammatory component. He again recommended surgery.

29. On May 5, 2020, the cat was presented to Dr. Shaver for surgical consultation. Dr. Shaver noted the cat's continued respiratory difficulties. She further noted the cat was exhibiting some peripheral limb and ventral thoracic edema. The cat's sutures were removed. Dr. Shaver discussed the cat's chylothorax was persistent and he also had restrictive pleuritic, which was caused by having chyle in the chest chronically. The cat's breathing may never return to normal. Dr. Shaver recommended surgery – thoracic duct ligation. She explained that chylothorax in cats was a challenging disease with a guarded prognosis; the cat's was

complicated and chronic at this time. Blood was collected for testing.

30. On May 6, 2020, Dr. Shaver reported to Complainant that the blood results did not give a reason for limb swelling. She believed it was most likely due to underlying disease causing chylothorax and this represents progression. Complainant felt strongly that the cat's problem was inflammation and that steroids will treat that. Dr. Shaver stated that steroids would not fix the cat's problem but could help his signs and his quality of life. However, she recommended having an ultrasound performed prior to starting to steroids. Additionally, another chest tap would be performed.

31. On May 7, 2020, Complainant changed her mind – she no longer wanted the chest tap and ultrasound performed and only wanted the steroid prescription. Complainant did not believe the cat's problem was chylothorax but inflammation.

32. On May 8, 2020, the cat was presented to Dr. Turner with increased swelling to the face, chest and limbs. Complainant had started the steroids and now believed the cat needed to be tapped and have an ultrasound. Dr. Turner explained they were unable to do those procedures that day, Complainant became upset, and Dr. Turner reminded her that she declined these procedures that were scheduled the day before. Complainant wanted the swelling fixed and Dr. Turner was unable to get through to Complainant repeating the recommended diagnostics and underlying disease.

33. Later that day, Complainant presented the cat to VETMED for evaluation. The cat's problems were discussed at length with Complainant. Diagnostics were recommended including thoracic ultrasound, recheck chest CT scan and possible exploratory thoracotomy and possible thoracic duct ligation if indicated. They also discussed the cat's quality of life due to decreased appetite, frequent thoracentesis, and now the development of edema in addition to pleural effusion. Complainant did not want to pursue additional diagnostics, surgical procedures, or thoracentesis at that time. She was advised that the cat's problem was likely not curable and may be progressive. Complainant elected to continue steroid therapy and see how the cat did at home.

34. Throughout May 2020, the cat's swelling remained despite steroids. Complainant did not want to pursue further surgery for the cat therefore Dr. Bennett discussed trying Octreotide injections. Complainant agreed. Complainant eventually stopped the Octreotide injections because the cat's face swelling recurred. She further stopped the recommended diet because she thought the cat could be experiencing a food allergy.

35. On June 1, 2020, the cat was presented to VETMED for an internal medicine consultation. Abdominal ultrasound was performed; there was not a cause for the cat's fluid build-up and swelling on ultrasound. Complainant elected to have a CT scan performed to look for a mass or lesion that could be causing the problem leading to the edema.

36. On June 2, 2020, the cat was presented to VETMED for a nutrition consultation for chylothorax and muscle loss. After evaluation, Purina Veterinary Diet OM was the best choice for the cat. It was discussed that diet alone would not be the complete solution for the cat and additional diagnostics were recommended.

37. On June 4, 2020, the cat was presented to Dr. Mexas for evaluation of persistent chylothorax and progressive full body edema. Complainant was requesting a full body CT scan to find the underlying cause of the cat's progressive disease. Dr. Mexas explained that she did not think the CT would show an underlying cause for the systemic disease. While that cat was there, the facial swelling got progressively worse therefore Dr. Mexas administered the cat one dose of Lasix at extubation to try to prevent possible airway obstruction during recovery. Complainant stated that Dr. Mexas did not get approval to administer the cat Lasix and she would not have allowed it to be given.

38. While the CT report was pending, Dr. Mexas discussed with Complainant the preliminary findings including a large amount of pleural effusion and a very unique pattern of lung damage and probable fibrosis which posed a very poor prognosis. Dr. Mexas stated that a thoracocentesis was recommended and declined after a very long and frustrating conversation. According to Dr. Mexas, Complainant was focused on trying to find a fixable problem no matter how much she tried to explain that based on previous surgery and biopsy findings this was likely an irreversible and advanced condition.

39. Dr. Mexas stated that when she read the CT report she noticed the comment about a round metal attenuation seen within the pleural fluid between the heart and diaphragm. Her first impression was that it may have been a hemoclip or other artifact left as a result of the previous surgery. Before Dr. Mexas could contact Dr. Gonzalez-Cintron to clarify this issue, Complainant called and demanded an explanation for the finding.

40. Dr. Mexas consulted with their radiology resident, their boarded radiologist, the radiologist who read the CT scan and Dr. Gonzalez-Cintron to discuss the possible significance of the metal object in question. They all agreed that the object in question was unlikely to be the cause of, or playing a significant role in the cat's overall condition. The information was relayed to Complainant on a couple of occasions.

41. The CT scan results were sent to Midwestern, Complainant was upset that Dr. Gonzalez-Cintron did not contact her.

42. On June 18, 2020, Dr. Bennett spoke with Complainant. They discussed the round metal attenuation – Dr. Bennett stated that the DVM that submitted the CT scan would need to ask the radiologist about the finding.

43. On June 19, 2020, Dr. Gonzalez-Cintron spoke with Dr. Mexas regarding the cat. She explained that the cat was not doing well as he had a lot of edema and systemic involvement. Dr. Mexas asked if he used any surgical clips or staples as there is a description of a metal foreign body in the cat's chest on the right side that was seen on the CT scan. Based on her description, Dr. Gonzalez-Cintron believed it could be the object that was previously described on the first CT scan.

44. On June 20, 2020, the cat was presented to VETMED for evaluation. A tFAST and aFAST were performed. There was scant pleural effusion and there was a concern for the cat's overall continued deterioration. Complainant wanted to try thoracocentesis and take the cat home.

Approximately 79mLs of fluid was removed.

45. On June 25, 2020, Dr. Gonzalez-Cintron spoke with Complainant who accused him of leaving a metal foreign object in the cat's chest during surgery. She feels that the metal object and a broken bone was causing the worsening and generalized edema. Dr. Gonzalez-Cintron and Complainant spoke at length regarding the object in the cat's chest and that it was not successfully removed in the first surgery. Due to the amount of encapsulating pleuritis the cat has it would be extremely challenging to find the material if they took him back to surgery to find the foreign body. With respect to the xyphoid bone fracture, Dr. Gonzalez-Cintron said he was not near that bone but it was possible that the rib spreader may have caused the fracture. He felt that it was inconsequential other than giving the cat some discomfort and unlikely the cause for the generalized edema.

46. On June 26, 2020, Dr. Gonzalez-Cintron reviewed the CT scan conducted by Dr. Mexas and had a virtual meeting with Complainant so he could project and compare both CT scans side by side. He felt the material in the cat's chest was the same as before and not something metal. Due to the quality of machines being different hat the other giving better contrast and allowing for more detail, one radiologist called the material tubular and the other round. Dr. Gonzalez-Cintron believed the material was not successfully removed but he did remove scar tissue when the object was embedded causing the object to move from its original location.

47. On July 1, 2020, the cat passed away and Complainant brought the cat in for a necropsy. Complainant believed there was a metal item in the cat's chest and if found, she wants the item.

48. On July 2, 2020, the necropsy was performed and noted marked widespread subcutaneous edema, a chronic complete fracture of the xyphoid bone and marked chronic diffuse mononuclear pleuritis, epicarditis with fibrosis and mesothelial reaction. In addition, a focal aggregate of mineral was found and is believed to be the metal object from the second CT scan. Further, the lungs showed a mild to moderate multifocal to coalescing interstitial fibrosis.

49. Dr. Bennett advised Complainant of the necropsy report and findings – there was no metal object found in the cat's chest during necropsy rather it appeared to be a mineralized object as explained in detail in the report.

COMMITTEE DISCUSSION:

The Committee discussed that Complainant may not have fully appreciate the cat's condition and prognosis and what role the suspected foreign body in the cat's chest. Complainant focused on the object and believed it was the soul root of the cat's condition.

Respondent made the appropriate recommendations with respect to the cat's care. The Committee did not feel that Respondent was lying or withholding information regarding the CT scan. Complainant felt the foreign object was a significant finding however Respondent was not convinced that was the cause of the cat's condition. The Committee did not feel that Complainant was being purposefully misled or that there was collusion.

Respondent appropriately wanted to follow up with Dr. Gonzalez and the radiologist before getting back to Complainant regarding the object that was identified in the CT scan. She wanted to have as much information as possible before speaking with Complainant.

The Committee did not have concerns with the Lasix administration to the cat.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division